Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

|   |  | CLAIMS AS                                 | S FILED -<br>(Column             |                               | (Column 2)                  |                                  |                 | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|---|----------------------------------|-------------------------------|-----------------------------|----------------------------------|-----------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   |                                  |                               |                             |                                  |                 | RATE                | FEE                    | )<br>]                     | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                     |                               | NUMBER EXTRA                |                                  |                 | BASIC FEE           |                        | OR                         | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | (K) minus 20=                    |                               | •                           |                                  |                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | 3 mi                             | nus 3 =                       | *                           |                                  |                 | X40=                |                        | OR                         | X80=                |                        |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT                           |                               |                             |                                  |                 | +135=               |                        | OR                         | +270=               |                        |
| * If  | the difference                                 | in column 1 is                            | less than ze                     | ero, ente                     | r "0" in c                  | olumn 2                          | Į               | TOTAL               |                        | OR                         | TOTAL.              |                        |
|   | С  | LAIMS AS A                                |                                  |                               |                             |                                  | SMALL ENTITY    |                     |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
| <u></u>   |  | (Column 1)                                | (Colur                           |                               |                             | (Column 3) SIVI                  |                 | SMALL               |                        | OR                         | SMALL               |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY                | PRESENT<br>EXTRA                 |                 | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                            | **                            |                             | =                                |                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| AME   | Independent                                    | +   | Minus                            | ***                           |                             | =                                |                 | X40=                |                        | OR                         | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                  |                               |                             |                                  |                 | +135=               |                        | OR                         | +270=               |                        |
| BEST AVAILABLE COPY   |  |   |                                  |                               |                             |                                  |                 | TOTAL               |                        | OR                         | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                  |                               |                             |                                  |                 | ADDIT. FEE          |                        |                            | ADDIT. FEE          |                        |
|   |  | (Column 1)<br>CLAIMS                      | <u> </u>                         | HIGH                          |                             | (Column 3)                       | 1 6             | <del></del>         | 4551                   | 1 1                        |                     |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUM<br>PREVIO<br>PAID         | OUSLY                       | PRESENT<br>EXTRA                 |                 | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                            | **                            |                             | =                                |                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| AME   | Independent                                    | NTATION OF MU                             | Minus                            | ***                           | CLAIM                       | =                                |                 | X40=                |                        | OR                         | X80=                |                        |
| <u></u>   | TINOTTHESE                                     | INTATION OF MIC                           |                                  | LINDLIN                       | CLAIIVI                     |                                  |                 | +135=               |                        | OR                         | +270=               |                        |
|   |  |   |                                  |                               |                             |                                  |                 | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                  |                               |                             |                                  |                 | 10011.1 22 2        |                        | •                          | ADDI1.1 EE          | <u></u>                |
| AMENDMENT C   | ç  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                | PRESENT<br>EXTRA                 |                 | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                            | **                            |                             | =                                |                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| AME   | Independent                                    |   |                                  | F 01 411 1                    | =                           |                                  | X40=            |                     | OR                     | X80=                       |                     |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                               |                             |                                  |                 |                     |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                  |                               |                             |                                  |                 | +135=               |                        | OR                         | +270=               |                        |
| **  | f the "Highest Nu                              | mber Previously Pa                        | aid For" IN THI                  | S SPACE i                     | is less tha                 | n 20, enter "20."                | ." <sub>A</sub> | TOTAL<br>ODIT. FEE  |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|   | ii ine "Highest Nu<br>The "Highest Num         | mber Previously Pa<br>nber Previously Pai | aio For IN IHI<br>d For (Total o | o SPACE<br>r Independ         | is iess tha<br>lent) is the | n 3, enter "3."<br>highest numbe |                 | _                   | ropriate box           |                            |                     |                        |